## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

42817408

| CLAIMS AS FILED - PART I  (Column 1) (Column 2) |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                | SMALL ENTITY TYPE     |                        | 00        | OTHER THAN OR SMALL ENTITY |                        |
|-------------------------------------------------|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|------------------------------------------------|-----------------------|------------------------|-----------|----------------------------|------------------------|
| TOTAL CLAIMS                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3 <i>0</i>                            |                                                           | 11111 (2)                                      |                       |                        | OR<br>1 I |                            |                        |
|                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                | RATE                  | FEE                    |           | RATE                       | FEE                    |
| FOR                                             |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER                                | FILED NUME                                                | BER EXTRA                                      | BASIC FE              | 375.00                 | OR        | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                         |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minus 20= * / O                       |                                                           | 0                                              | X\$ 9=                |                        | OR        | X\$18=                     | 180                    |
| INDEPENDENT CLAIMS                              |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                | X42=                  |                        | OR        | X84=                       | 84                     |
| MU                                              | LTIPLE DEPEN                                 | IDENT CLAIM P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESENT                                |                                                           |                                                | +140=                 |                        | OR        | +280=                      |                        |
| * If                                            | the difference                               | in column 1 is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | less than zero, enter "0" in column 2 |                                                           |                                                | TOTAL                 |                        | OR        | TOTAL                      | 1014                   |
| CLAIMS AS AMENDED - PART II                     |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                |                       |                        | •         | OTHER                      | THAN                   |
|                                                 |                                              | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4</b>                              | (Column 2)                                                | (Column 3)                                     | SMALL                 | ENTITY                 | OR        | SMALL                      | ENTITY                 |
| AMENDMENT A                                     |                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                               | RATE                  | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                 | Total                                        | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                 | **                                                        | =                                              | X\$ 9=                | 1                      | OR        | X\$18=                     |                        |
|                                                 | Independent                                  | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                 | ***                                                       | =                                              | X42=                  |                        | OR        | X84=                       |                        |
| <b>L</b>                                        | PIRST PRESE                                  | INTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ULTIPLE DE                            | PENDENT CLAIM                                             |                                                | +140=                 |                        | OR        | +280=                      |                        |
|                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           | ,                                              | TOTAL                 |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|                                                 |                                              | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | (Column 2)                                                | (Column 3)                                     | ADDIT. FEE            |                        |           | ADDII. FEEI                | <u> </u>               |
| AMENDMENT B                                     |                                              | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                               | RATE                  | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                 | Total                                        | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                 | **                                                        | =                                              | X\$ 9=                |                        | OR        | X\$18=                     |                        |
| ME                                              | Independent                                  | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                 | ***                                                       | =                                              | X42=                  |                        | OR        | X84=                       |                        |
|                                                 | FIRST PRESE                                  | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | JLTIPLE DE                            | PENDENT CLAIM                                             |                                                |                       |                        | UH        |                            |                        |
|                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                | +140=                 | <u></u>                | OR        | +280=                      |                        |
|                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                           |                                                | TOTAL<br>ADDIT. FEE   |                        | OR        | TOTAL<br>ADDIT. FEE        |                        |
|                                                 |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | •                                                         |                                                | / 100 0 1 1 1 1 1 1 1 |                        |           |                            |                        |
|                                                 |                                              | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       | (Column 2)                                                | (Column 3)                                     | 7.0071.1 22           |                        |           |                            |                        |
| PENT C                                          |                                              | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR             | (Column 3) PRESENT EXTRA                       | RATE                  | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
| NDMENT C                                        | Total                                        | CLAIMS<br>REMAINING<br>AFTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Minus                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY                           | PRESENT                                        |                       | ADDI-<br>TIONAL        | OR        | RATE<br>X\$18=             | TIONAL                 |
| AMENDMENT C                                     | Independent                                  | CLAIMS REMAINING AFTER AMENDMENT *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                               | RATE<br>X\$ 9=        | ADDI-<br>TIONAL        |           | X\$18=                     | TIONAL                 |
| AMENDMENT C                                     | Independent                                  | CLAIMS REMAINING AFTER AMENDMENT *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Minus                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT<br>EXTRA                               | RATE                  | ADDI-<br>TIONAL        | OR<br>OR  |                            | TIONAL                 |
| L_                                              | Independent<br>FIRST PRESE                   | CLAIMS REMAINING AFTER AMENDMENT  *  * NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus<br>ULTIPLE DE                   | HIGHEST NUMBER PREVIOUSLY PAID FOR  **  *** PENDENT CLAIM | PRESENT<br>EXTRA                               | RATE<br>X\$ 9=        | ADDI-<br>TIONAL        |           | X\$18=                     | TIONAL                 |
| **                                              | Independent FIRST PRESE If the entry in colu | CLAIMS REMAINING AFTER AMENDMENT  *  *  NTATION OF M  mn 1 is less than to the desired service of the control o | Minus  ULTIPLE DE  the entry in colu  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR               | PRESENT EXTRA  = = clumn 3. an 20, enter "20." | X\$ 9=<br>X42=        | ADDI-<br>TIONAL<br>FEE | OR<br>OR  | X\$18=<br>X84=             | TIONAL                 |